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ORIGINAL

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
FORM LIMITED OFFERING EXEMPTION

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	OMB APPROVAL					
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OMB Number: Expires:	
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	UNIFORM LIMITED OF	FERING EXE	EMPTION	
-	an amendment and name has changed, and ind	icate change.)		
Sale of Common Units			- 	
Filing Under (Check box(es) that apply)	: Rule 504 Rule 505	Rule 506	Section 4(6)	ULOE
Type of Filing: New Filing	Amendment			
	A. BASIC IDENTIF	ICATION DATA		1 1 5 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
 Enter the information requested at 				
Name of Issuer (check if this	is an amendment and name has changed, and i	ndicate change.)		
G3B Capital, LLC				07088788
Address of Executive Offices	(Number and Street, City, Stat	e, Zip Code)	Telephone Number (I	07066766
8:100 Overview Court, Ro			678-230-4449	
Address of Principal Business Operation (if different from Executive Offices)	ns (Number and Street, City, Stat	e, Zip Code)	Telephone Number (Inclu	iding Area Code)
Brief Description of Business:				
The acquisition of existing	g businesses.			
Type of Business Organization		<u> </u>		PROCESSED
corporation	limited partnership, already formed			LUOCE39ED
		⊠ oth	er (please specify):	U.N. 4 = 0007
business trust	limited partnership, to be formed	limited	liability company	JUN 1 5 2007
Actual or Estimated Date of Incorporati Jurisdiction of Incorporation or Organiz				SINUVISON FINANCIAL
GENERAL INSTRUCTIONS	· · · · · · · · · · · · · · · · · · ·			
Federal: Who Must File: All issuers making an o	ffering of securities in reliance on an exemptio	n under Regulation D	or Section 4(6), 17 CFR 230.5	01 et seq. or 15 U.S.C. 77d(6).
	o later than 15 days after the first sale of securidate it is received by the SEC at the address gid or certified mail to that address.			
Where To File: U.S. Securities and Exc	hange Commission, 450 Fifth Street, N.W., Wa	ishington, D.C. 20549.		
Copies Required: Five (5) copies of this of the manually signed copy or bear typ	s notice must be filed with the SEC, one of wheed or printed signatures.	ich must be manually s	signed. Any copies not manua	ally signed must be photocopies
Information Required: A new fiting my	est contain all information requested. Amenda	nents need only report	the name of the issuer and of	fering any changes thereto the

Filing Fire: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; Each general and managing partner of partnership issuers. ☐ General and/or □ Director Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Terrance Jaillet Business or Residence Address (Number and Street, City, State, Zip Code) 8200 Overview Court, Roswell, GA 30076 ☐ General and/or Check: Box(es) that Apply: □ Promoter □ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) TCG Search Investors, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1600 El Camino Real, Suite 155, Menlo Park, CA 94025 Check Box(es) that Apply: □ Promoter ⊠ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) CBBB, LLC Business or Residence Address (Number and Street, City, State, Zip Code) c/o Francis F. Kingsley, 255 Bear Hill Road, 4th Floor, Waltham, MA 02451 Check Box(es) that Apply: □ Promoter ■ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) T.D Investment Company Business or Residence Address (Number and Street, City, State, Zip Code) 2800 Casitas Avenue, Los Angeles, CA 90039 Check Box(es) that Apply: □ Promoter ⊠ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) **Bellator Partners LP** Business or Residence Address (Number and Street, City, State, Zip Code) 273 Sea Cliff Avenue, Sea Cliff, NY 11579 Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Michael F. O'Connell Business or Residence Address (Number and Street, City, State, Zip Code) 515 South Figueroa, Suite 1050, Los Angeles, CA 90071 ☐ General and/or Check Box(es) that Apply: □ Promoter ⊠ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Asen and Company Business or Residence Address (Number and Street, City, State, Zip Code) 224 E 49th Street, New York, NY 10017 Check Box(es) that Apply: ☐ Promoter ☐ Executive Officer □ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)
Housatonic Principals Fund, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

c/o Housatonic Partners, 111 Huntington Avenue, Suite 2850, Boston, MA 02199

Δ	RASIC	IDENTIFICA	ATION DATA	۱

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;

		or partifersing issuers.			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i James L. Southern III	f individual)				
Business or Residence Addre 100 Belvidere Street, U	•		Code)		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i Stevenson Family Inve	•	Partnership			
Business or Residence Addre 31 Fayerweather Stree	ess (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	f individual)				3 3
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)	· ,1,500	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip 6	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip	Code)		

	<u>.</u>			B. I	NFORMA	TION AB	OUT OFF	ERING				
1. Has	the issuer s	old. or do	es the issue	er intend to	o sell, to ne	on-accredit	ted investor	rs in this of	fering?		Yes □	No ⊠
	wer also in	•			,						_	_
							dividual?				<u>\$_1</u>	8,000
											Yes	No
3. Doe	es the offerin	ng permit j	joint owne	rship of a	single unit	?				•••••	🛭	
any the SEC	commission offering. If and/or wit associated p	n or simila a person h a state o	ar remune to be liste or states, li	ration for a d is an ass st the nam	solicitation sociated pe e of the br	of purcha erson or ag oker or dea	sers in cor sent of a braler. If mor	nnection w roker or de re than five	ith sales of aler regist (5) persor	or indirectly, securities in ered with the is to be listed ker or dealer		
Full Nar	ne (Last nar	ne first, if	individual)			•					
N/A												
Busines	s or Residen	ce Addres	s (Number	r and Stree	et, City, Sta	ate, Zip Co	de)					
Name of	f Associated	Broker or	r Dealer									
Canada	Which Per	T ! d	II G.1!.			linia Pomele						
											🗆 All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[M][]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
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Full Nar	ne (Last nar	ne first, if	individual	i)							<u> </u>	,
N/A												
Busines	s or Residen	ce Addres	s (Numbe	r and Stree	et, City, St	ate, Zip Co	de)					
Name of	f Associated	Broker or	r Dealer					· •				•
	Which Per											~
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N/A	•		man vidual	.,								
	s or Residen	ce Addres	s (Number	r and Stree	et, City, Sta	ate, Zip Co	de)	·				
Name of	f Associated	Broker of	r Dealer			•						
States in	Which Per	oon Listad	Una Solia	ited or Int	onda to So	ligit Durch	30000					
											🗖 All S	States
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

[TN] [TX] [UT] [VT] [VA] [WA] [WV] [V (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Debt	\$ _ \$	ering Price 0	\$_	0
☑ Common ☐ Preferred	s			· ·
-	S			
Partnership Interests		342,000	. \$	342,000
	\$ _	0	.	0
Other ()	\$ _	0	- \$ -	0
Total Answer also in Appendix, Column 3, if filing under ULOE.	\$	342,000		342,000
er the number of accredited and non-accredited investors who have purchase trities in this offering and the aggregate dollar amounts of their purchases. For rings under Rule 504, indicate the number of persons who have purchase trities and the aggregate dollar amount of their purchases on the total lines. Enter if answer is "none" or "zero."	or d			
Accredited Investors		Number Investors 10	-	gregate Dollar Amount of Purchases 342,000
Non-accredited Investors		0	s -	0
Total (for filings under Rule 504 only)		0	s -	0
Answer also in Appendix, Column 4, if filing under ULOE.			_	
is filing is for an offering under Rule 504 or 505, enter the information requester all securities sold by the issuer, to date, in offerings of the types indicated, in the (12) months prior to the first sale of securities in this offering. Classify the control of the control	e	Type of Security N/A	Г	Dollar Amount Sold N/A
Regulation A		N/A	_ s	
		N/A	_	
Rule 504		13/A		- 1/ / =

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total

_	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND	US	E OF PROCEE	DS	
4.	a. Furnish a statement of all expenses in connection with the issuance ar distribution of the securities in this offering. Exclude amounts relating solely organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate are check the box to the left of the estimate.	to re				
	Transfer Agent's Fees				\$	0
	Printing and Engraving Costs				\$	0
	Legal Fees			⊠	\$	10,000
	Accounting Fees				\$	
	Engineering Fees				\$	0
	Sales Commissions (specify finders' fees separately)				\$	0
	Other Expenses (identify)				\$	0
	Total			⊠	\$	10,000
	b. Enter the difference between the aggregate offering price given in response to Part C Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is				\$	
	the "adjusted gross proceeds to the issuer."					332,000
	used for each of the purposes shown. If the amount for any purpose is not known, furnish estimate and check the box to the left of the estimate. The total of the payments listed must exthe adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.) Di	yments to Officers, rectors & Affiliates	ì	Payments To Others
	Salaries and fees	\boxtimes		180,000		0
	Purchase of real estate		\$	0		0
	Purchase, rental or leasing and installation of machinery and equipment		\$	0		0
	Construction or leasing of plant buildings and facilities		\$	0		0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$	0		0
	Repayment of indebtedness	_		0		0
	Working capital			0	×	152,000
	Other (specify):					
			\$	0		0
	Column Totals	X	\$	180,000	X	180,000
	Total Payments Listed (column totals added)		X	\$	332	2,000

n	FFI)FR	ΔI	. SI	CN	ΔT	URE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
G3E Capital, LLC	V- K	05-30-2007
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Terrance Jaillet	Manager	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

END